RECEIVED CENTRAL FAX CENTER

SEP 1 4 2005

KELLEY

DRYE

FACSIMILE TRANSMISSION

TO

FIRM

United States Patent and Trademark Office

CITY

Alexandria, VA

FAX

571-273-8300

PHONE

NO. OF PAGES

2 (including this page)

DATE

September 14, 2005

KELLEY DRYE & WARREN LLP TWO STAMFORD PLAZA

281 TRESSER BOULEVARD STAMFORD, CONNECTICUT

06901-3229

(203) 324-1400 FAX (203) 327-2669

MESSAGE:

Re:

U.S. Serial No. 10/671,298

Filing Date: September 25, 2003 First Named Inventor: Datta

Attorney Docket Number: LPN-113

Enclosed please find a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address.

Hans-Peter G. Hoffmann, Reg. 37,352

FROM

Hans-Peter G. Hoffmann

PHONE

(203) 351-8011

E-MAIL

hhoffman@kelleydrye.com

TIMEKEEPER ID

05237

CLIENT NO.

090008.0089

NEW YORK, NY WASHINGTON, DC TYSONS CORNER, VA CHICAGO, IL

STAMFORD, CT PARSIPPANY, NJ BRUSSELS

AFFILIATE OFFICES
JAKARTA
MUMBAI

IF PROBLEMS OCCUR DURING TRANSMISSION PLEASE CALL (203) 324-1400.

The information contained in this facsimile message is intended for the use of the Individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery to the intended recipient, you are hereby notified that any use, copying, disclosure or dissemination of this communication may be subject to legal restriction or sanction.

RECEIVED CENTRAL FAX CENTER

SEP 1 4 2005

PTC/SB/52 (04-05)

Approved for use through 11/30/2009. CMB 0851-0035

U.S. Patent and Yasdemark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it discussive a wated CMB control number.

Under the Paperwork Reduction Act of 1983, no persons are cognition to re-	Application Number	10/671.298		
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND	Filing Date	September 25, 2003		
		Datta		
	Art Unit	1624		
	Examiner Name	Berch, Mark L.		
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	LPN-113		

I hereby revoke all previous nowers of attorney given in the above-identified application.								
I USESOA LEACONS SII DIEAIONE DOMEIS OL SCOLUBA CIASUI III DIS INTOLE - INSUITATE STORING INTOLE								
A Power of Attorney Is submitted herewith.								
OR I hereby appoint the practitioners associated with the Customer Number: 47870								
Please change the correspondence address for the above-identified application to:								
	address associated with orner Number: 4767		47670					
Firm or Individual Name								
Address	TWO STAMFORD PLAZA 281 TRESSER BOULEVARD							
City	STAMFORD		State	СТ		Zip	00901-3229	
Country	us							
Telephone	203-324-1400			Email				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)								
Signature (7								
	GUPTA	For: Lu		imited				
	20, 2005			lephone				
NOTE: Signatures of all the inventors or easigness of record of the orders interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below?.								
"Total oftorms are submitted.								

This oplection of information is required by S7 CPR 1.36. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CPR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for neducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2